

CADR Web Data Entry System Screen Shots



Welcome to the HAB CADR Web Application

Username:	<input type="text"/>
Password:	<input type="password"/>
If you do not have an account, please use the Registration Form .	
<input type="button" value="Log In"/> <input type="button" value="Reset"/>	

Welcome to the HAB CADR Web Application. This system was created to allow grantees under the Ryan White CARE Act Titles I, II, III and IV, and their providers to enter, validate, review and submit data for the 2003 reporting period.

To access the system, enter your **username** and **password** in the text boxes above, then click '**Log In**'. If you forgot your password, or need help logging in, call the HRSA Call Center at **1-877-GO4-HRSA**.

If do not have a username and password, you must register to create one. Please refer to the letter that was mailed to you in November 2003 for your registration code or contact the Ryan White CARE Act Data Support Line at **1-888-640-9356, Ext. 7300** for clarification about your registration code. You must use only one registration code, even if you receive funds from multiple Ryan White CARE Act Titles. Use the code that you are assigned to complete your registration.

WARNING	***WARNING***	***WARNING***
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WARNING	***WARNING***	***WARNING***

The HAB CADR Web Application supports Microsoft Internet Explorer Browsers, Version 5.5 and above. To download the latest version of Microsoft Internet Explorer, click the following link:



The HAB CADR Web Application also requires Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click the following link



HAB CADR Web Application Registration

Please fill in the following registration form below to gain access to the system. Required fields are marked with a red asterisk (*).

When you have finished entering your registration data, click on the 'Register' button below.

If you have already registered as a user of another HRSA Performance Application, please go to the [Login Page](#) and enter your username and password before proceeding with the registration.

Username*	<input type="text"/>	
Password*	<input type="password"/>	Password Help
Confirm Password*	<input type="password"/>	
Password Question*	<input type="text"/>	
Password Answer*	<input type="text"/>	
<hr/>		
Email Address*	<input type="text"/>	
Confirm Email Address*	<input type="text"/>	
<hr/>		
First Name*	<input type="text"/>	
Middle Initial	<input type="text"/>	
Last Name*	<input type="text"/>	
Address*	<input type="text"/>	
	<input type="text"/>	
City*	<input type="text"/>	
State*	<input type="text" value="-Select-"/>	
Zip Code*	<input type="text"/>	
Telephone*	<input type="text"/>	
Fax	<input type="text"/>	
<hr/>		
Registration Code*	<input type="text"/>	
EIN	<input type="text"/>	
<hr/>		
<input type="button" value="Register"/> <input type="button" value="Reset"/>		



Welcome to the 2003 Data Collection Period for CADR!

HAB Grantees and Providers may submit data using this system through March 15, 2004.

[Technical Support](#) | [Help](#) | [Feedback](#)
WELCOME!

Rob Taylor, welcome to the Health Resources and Services Administration, HIV/AIDS Bureau (HAB) CADR Web Application. Grantees, providers, HAB and their contractors can use this system to enter, review, edit, validate and submit data required for the 2003 reporting period (1 January 2002 through 31 December 2002).

To see a list of items awaiting action on your part, visit the [workflow Inbox](#). For additional instructions and information click to expand one of the topics below, or click on [Help](#).

Due to the size of the CADR form and the amount of data to be collected, you will probably be returning to this application multiple times. You may want to add this page to your Internet Explorer Favorites so that you can return easily. To add this page to your IE Favorites now, click [add this page to favorites](#)

Grantee and Service Provider Responsibilities

If you are a CARE Act grantee, which means you receive CARE Act funding directly from HRSA/HAB, you may enter the CARE Act Data Reports (CADRs) for all your service providers or allow them to enter their own CADRs at this website. If you or your service providers enter CADRs via this web system, these CADRs will be sent directly to your [Inbox](#) for review and final submission to HAB. Please note that we are asking you to log into this system frequently and check the workflow status of all CADRs waiting for your review. As the grantee, you must review and accept each of your providers' CADRs, before you can submit them to HAB. [More...](#)

Getting Around - Application Menus

The CADR Web Application has a main menu which appears at the top of each screen. Main menu options are: [Less...](#)

- **Home** - Displays this screen with welcome and general instructions.
- **Data Entry** - This is the main area of the application. It displays the forms you will use to enter, review and submit your CADR data.
- **Workflow** - Displays the screens used to enter or review CADR data.
- **Administration** - This menu includes functions that allow you to change your registration information or password. Grantees can use this screen to modify basic information, such as EIN's, addresses and contact information for themselves or their providers.
- **Logout** - Click on Logout to logout and exit the system.

Depending on the function you select from the main menu, you may see a secondary menu with additional available functions and navigation links. These secondary menus will always appear in the left "margin" of the screen.

Getting Help

There are several sources of help and information for you, as you enter or manage CADR data and familiarize yourself with this application. [More...](#)

Getting Started - System Roles [Less...](#)

As a DataEntry...

As a CADRAdmin...

CADR Data Entry

Following are instructions for entering CADR Data using the application: [Less...](#)

- You will see the first page of the CADR report containing contact information for the provider organization. Review this information carefully, making corrections and adding information where necessary. Note that required fields are highlighted with a red asterisk (*). These fields must be completed before you can move on.
- Once you have completed the first page, use the [navigation buttons](#) at the bottom of the screen to move from page to page.
- Enter your CADR data. You do not have to complete the form in one sitting. As you go from page to page, or even exit the application, your data will be saved and the system will remember which page you were on.
- Only one user can enter data at a time. If you will be working collaboratively with other users in your organization, you will need to coordinate with them. When a user modifies the CADR, all other users are 'locked out'. If you want to release the lock so that a different user in your organization can work on the CADR (for example, if you fill out some sections and someone in a different department completes the other sections), click the 'Release Lock' link in your Data Entry sub-menu.
- At any point from the data entry screen you can generate a data validation report by clicking 'Validate CADR'. This will generate a complete list of validation errors which you can print or view on screen. If possible, make corrections in the CADR data to eliminate all errors from this list.
- At any point from the data entry screen you can add comments to the CADR by clicking the 'Add Comments' link in the sub-menu. You can add any notes or comments (such as explanatory notes for items that violate validation rules) using this feature. Your comments will be visible to any user who can view your CADR (e.g. others in your organization, your grantee(s), HAB) To view comments that have been entered, click 'View Comments' in the sub-menu.
- When you are finished entering data:
 - Click 'Validate CADR' to generate a validation error report, if you have any validation errors, print the report, then go back and try to correct the errors.
 - Click 'Print CADR' to print a formatted copy of the CADR, if you like.
 - Click 'Workflow Action' to submit the CADR to the grantee(s). You will see a screen on which you can enter comments for the grantee(s). Enter comments indicating that you have finished entering data and including any explanatory notes or other issues the grantee(s) should know about.
 - Click 'Submit'. If you still have validation errors, you will see them listed. At this point you will have the opportunity to submit with errors, or go back to correct the errors.

Navigation During Data Entry


As you enter your CADR data, you will find a group of buttons at the bottom of each page. All of these buttons, [except the 'Reset' button](#) will save the work for that page before moving on with its function. [Less...](#)

These buttons will also determine whether data entered on that page passes validation checks, even comparing them with entries on other pages that you have already entered. The navigation buttons at the bottom of each page are:

- **Previous Page**- this button moves to the previous page in the CADR (after saving and checking for validation errors). If you are on the first page, it is disabled.
- **Next Page**- this button moves to the next page in the CADR (after saving and checking for validation errors). If you are on the last page, it is disabled.
- **Save** - this button saves the data from the page and reloads the current page (updating any totals and running validation checks).

In addition, there is a 'Restore Initial Values' button. This button returns the page to the state it was in when you first brought it up. If you load a page, make changes to entries on that page, clicking 'Reset' will return the page to the state it was in before you made the changes, [provided you do not click on one of the other buttons first](#). You can navigate directly to any page of the CADR by clicking on that page in the 'CADR Navigation' sub-menu in the left margin. When you navigate this way, it will **NOT** save the data you entered on that page, so be sure to click the 'Save' button before using this menu to navigate directly if you have made changes that you want saved.

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HAB CADR

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Your session will expire in: 29:51

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Workflow

Inbox

Search/Reports

Workflow - Inbox

Task List | [Print CADR Requests](#) | [CADR List](#)

Task List | [Return to Top](#)

[View Task List details](#)

[Print CADR Requests](#) | [Return to Top](#)


[View Requests with deleted zip files](#)

Request	Request Date/Time	Scheduled Date/Time	Zip File	Request Status
<div>CADR List Return to Top</div> <div>No CADRs Found</div>				

For technical help please call 1-877-Go4-HRSA (1-877-464-4772). For data support, please call 1-888-640-9356, Ext. 7300.

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Workflow

Inbox

Search/Reports

CADR Search / Reports

Enter Search Criteria

CADR ID:

Grantee:

Provider:

Last Modified Date:

Must in Format MM/DD/YYYY e.g. 02/19/2003

Include New CADRs: ☒ Check this box to display Providers for whom no CADR has been created yet. You will be able to create a new CADR entry for any of these providers.

Year:

All Years

Status:

All Statuses

Group By:

Status

Order By:

Provider

Search

Clear

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HRSA HIV/AIDS Bureau - CADR Data Collection System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print View Source Go

Address: https://performance.hrsa.gov/hab/training/UI/cadr.aspx?command=searchReportResults&CADRID=&grantee=&provider=anywhere&lastDate=

Phentermine Tramadol Soma Ambien Fioricet Adipex Search... Skins Web 19° Hide

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All other uses are strictly prohibited.

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Workflow
Inbox
Search/Reports

CADR Workflow Report

Search Criteria: Provider: anywhere
Group By: Status Order By: Provider
Total Matching Records: 1

Working Status CADRs (Count: 1)

Provider Name	Year	Lock	Modified Date	Status	Comments	Open	Print
<input type="checkbox"/> Anywhere Community Health Center	2003	admin2107	01/29/2004	Working	Comments	CADRID 13	Print

Schedule Selected CADRs for PDF Print Deselect All

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CADR Administration

Section 1 of 8 - Page 1 of 29 - Questions 1 - 4

Access Mode: **edit** - Data can be edited by: **admin2107** only - Status: **working**

SECTION 1. SERVICE PROVIDER INFORMATION

Section 1 (Items 1- 23) should be completed by service providers funded through Ryan White CARE Act Titles I, II, III, and IV. For definition of service provider, please refer to the Ryan White CARE Act Data Report instructions.

Part 1.1 Provider and Agency Contact Information

Fields with a red star (*) are required


1. Provider name: Anywhere Community Health Center *
2. Provider address:
 - a. Street: 999 Made-up Street *
 - b. City: Anywhere * State: CA *
 - c. Zip Code: 99999 * -
 - d. Taxpayer ID #: 68 * - 3452099 *
3. Contact Information:
 - a. Name: Joe Nobody *
 - b. Title: Program Director *
 - c. Phone #: (999) 999 - 9999 *
 - d. Fax #: (999) 999 - 9999 *
 - e. Email: nobody@anywherechc.com *
4. Person completing this form:
 - a. Name: Joe Nobody
 - b. Phone #: (999) 999 - 9999

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Data Entry Instructions

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CADR Administration

Add Comments

View Comments

Validate CADR

Print CADR

Submit/Reject

Release Lock

CAREWare Upload

CADR Navigation

Section 1

- Q1-4
- Q5-10
- Q11-16
- Q17-23

Section 2

Section 3

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Section 1 of 8 - Page 2 of 29 - Questions 5 - 10

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SECTION 1. SERVICE PROVIDER INFORMATION (Continued)

Part 1.2 Reporting and Program Information (continued)

5. Calendar year for reporting: (mm/dd/yyyy)
Start Date 01 / 01 / 2003
End Date 12 / 31 / 2003

6. Report Scope: 01 (Select one only)
01 = ALL Clients receiving a service **ELIGIBLE** for Title I, II, III or IV funding
02 = ONLY Clients receiving a Title I, II, III or IV **FUNDED** service

Remember: All grantees and providers must use reporting scope "01" unless they have permission from their HRSA project officer to use "02."
All subsequent items regarding "clients" should be answered relative to the reporting scope you select here.

7. Provider type: (Select one only)
☐ Hospital or university-based clinic
☒ Publicly funded Community Health Center (go to Item #8)
☐ Publicly funded Community Mental Health Center
☐ Other community-based service organization (CBO)
☐ Health department
☐ Substance abuse treatment center
☐ Solo/group private medical practice
☐ Agency reporting for multiple fee-for-service providers
☐ PLWHA coalition
☐ VA facility
☐ Other facility

8. (If "Publicly funded Community Health Center" in #7,) Did you receive funding under Section 330 of Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?
☒ Yes ☐ No ☐ Don't know/unsure

9. Ownership Status: (Select only one)
☒ Public/Local
☐ Public/State
☐ Public/Federal
☐ Private, nonprofit (not faith-based)
☐ Private, for-profit
☐ Unincorporated
☐ Faith-based organization
☐ Other

10. Source of Ryan White CARE Act funding:(Check all that apply)

<input type="checkbox"/> Title I	
<input checked="" type="checkbox"/> Title II	California Select grantee from below
<input checked="" type="checkbox"/> Title III	hab test grantee Select grantee from below
<input checked="" type="checkbox"/> Title IV	hab test grantee Select grantee from below
<input type="checkbox"/> Title IV Adolescent Initiative	

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Save

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CADR Administration

Add Comments

View Comments

Validate CADR

Print CADR

Submit/Reject

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- Q5-10

- Q11-16

- Q17-23

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SECTION 1. SERVICE PROVIDER INFORMATION (Continued)

Part 1.2 Reporting and Program Information (continued)

11. During this reporting period, did you provide the grantee with support in...? (check "yes" or "no" for each service)

a. Planning or evaluation

☒ Yes ☐ No

b. Administrative or technical support

☐ Yes ☒ No

c. Fiscal intermediary services

☐ Yes ☒ No

d. Technical assistance

☐ Yes ☒ No

e. Capacity development

☐ Yes ☒ No

f. Quality management

☐ Yes ☒ No

☐ Check if any of these services were the **only** services you provided under CARE Act funding. If so, **STOP HERE** and do not complete the remainder of this form.

(Third party administrators who process fee-for-service reimbursements to providers of eligible services should continue.)

NOTE: Those who provided a direct service other than those listed in #11, continue with #12 and answer items only as they relate to the client services you provided. **ALL OTHERS STOP HERE.**

12. Did you administer an AIDS Drug Assistance Program (ADAP) or local pharmaceutical assistance program that provides HIV/AIDS medication to clients during this reporting period?

☒ Yes(Continue)

☐ No (Skip to #14)

13. (If "Yes" to #12,) Type of Program administered:

☒ State ADAP (If this was the only service you provided under CARE Act funding, skip to Section 7.)

☐ Local pharmaceutical assistance program that provides HIV/AIDS medication to clients (If this was the only service you provided under CARE Act funding, skip to Section 7.)

14. Did you provide a Health Insurance Program (HIP) during this reporting period?

☒ Yes (If this was the only service you provided under CARE Act funding, skip to Section 8.)

☐ No

☐ Check if the only services your agency provide are ADAP and HIP. (Skip to Sections 7 & 8)

15. Indicate which of the following populations were especially targeted for outreach or services during this reporting period. (Check box for each group targeted.)

☐ Migrant or seasonal farm workers

☒ Rural populations other than migrant or seasonal farm workers

☒ Women

☒ Children

☐ Race/ethnic minorities/communities of color

☐ Homeless

☒ Gay, lesbian and bisexual youth

☐ Gay, lesbian and bisexual adults

☐ Incarcerated persons

☒ All adolescents

☐ Runaway or street youth

☐ Injection drug users

☐ Non-injection drug users

☐ Parolees

☐ Other (specify:)

16. Which of the following categories describes your agency? (Check all that apply.)

☒ An agency in which racial/ethnic minority group members make up greater than 50% of the agency's board members

☐ Racial/ethnic minority group members make up greater than 50% of the agency's professional staff members in HIV direct services

☒ Solo or group private health care practice in which greater than 50% of the clinicians are racial/ethnic minority group members

☐ Other "traditional" provider that has historically served racial/ethnic minority patients/clients but does not meet the criteria above

☐ Other type of agency or facility

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Save

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SECTION 1. SERVICE PROVIDER INFORMATION (Continued)

Part 1.2 Reporting and Program Information (continued)

17. Total paid staff, in FTEs, funded by any Title of the CARE Act:
 Paid staff FTEs

18. Total volunteer staff, in FTEs, dedicated to HIV care:
 Volunteer staff FTEs

19. Amount of Title I funding received during this reporting period (rounded to the nearest dollar):

20. Amount of Title II funding received during this reporting period (rounded to the nearest dollar):

21. Amount of Title III funding received during this reporting period (rounded to the nearest dollar):

22. Amount of Title IV funding received during this reporting period (rounded to the nearest dollar):

23. Amount of Title I, II, III, or IV Ryan White CARE Act funds EXPENDED on oral health care during this reporting period (rounded to the nearest dollar):

Done

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SECTION 2. CLIENT INFORMATION

Service providers from all Titles should complete this section. Clients reported in this section should include your HIV-infected and affected population, whether receiving medical care or social support services. Affected clients include those who are HIV negative as well as those with unknown HIV status. An affected client must be linked to a client infected with HIV/AIDS.

Remember your reporting scope! If you chose Reporting Scope 01 in item 6, provide information on all clients who received a service eligible for CARE Act funding. If you chose Reporting Scope 02 in item 6, include only clients who received services funded by Titles I, II, III, and/or IV.

24. Total number of unduplicated clients:

<input type="text" value="325"/>	HIV positive
<input type="text" value="36"/>	HIV negative (affected)
<input type="text" value="24"/>	Unknown/unreported (affected)
<input type="text" value="385"/>	Total

25. Total number of new clients:

<input type="text" value="20"/>	HIV positive
<input type="text" value="11"/>	HIV negative (affected)
<input type="text" value="5"/>	Unknown/unreported (affected)
<input type="text" value="36"/>	Total

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SECTION 2. CLIENT INFORMATION (Continued)

26. Gender:

Number of Clients:	HIV positive	HIV affected
Male	142	34
Female	182	26
Transgender	1	
Unknown/ unreported		
Total	325	60

27. Age (at the end of reporting period):

Number of Clients:	HIV positive	HIV affected
Less than 2 years		4
2-12 years	17	22
13-24 years	181	24
25-44 years	119	10
45-64 years	8	
65 years or older		
Unknown/unreported		
Total	325	60

28. Hispanic or Latino/a ethnicity:

Number of Clients:	HIV positive	HIV affected
Hispanic or Latino/a	113	23
Non-Hispanic or Non-Latino/a	171	18
Unknown/ unreported	41	19
Total	325	60

29. Race (all clients reported in Item 28 must be included in this item):

Number of Clients:	HIV positive	HIV affected
White	93	9
Black or African-American	116	21
Asian	1	
Native Hawaiian or Other Pacific Islander		
American Indian or Alaskan Native		
More than one race	1	1
Unknown/ unreported	114	29
Total	325	60

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Save

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28. Hispanic or Latino/a ethnicity:

Number of Clients:	HIV positive	HIV affected
Hispanic or Latino/a	113	23
Non-Hispanic or Non-Latino/a	171	18
Unknown/ unreported	41	19
Total	325	60

29. Race (all clients reported in Item 28 must be included in this item):

Number of Clients:	HIV positive	HIV affected
White	93	9
Black or African-American	116	21
Asian	1	
Native Hawaiian or Other Pacific Islander		
American Indian or Alaskan Native		
More than one race	1	1
Unknown/ unreported	1	6
Total	212	37

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WITH ERRORS

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5 Errors Found in Page 6, Section 2

Error#	Question #	Error Message
Section 2		
1.	Q#29, Q#24	<i>Q#29 Clients by Race (HIV Positive) must be equal to Q#24 Total Unduplicated Clients (HIV Positive)</i>
2.	Q#29, Q#24	<i>Q#29 Clients by Race (HIV Affected) must be equal to Q#24 Total Unduplicated Clients (HIV Affected)</i>
3.	Q#57, Q#29	<i>Q#29 Clients by Race (Unknown/ unreported) must be greater than or equal to Q#57 Race by Gender by Age (Unknown/ unreported)</i>
4.	Q#58, Q#29	<i>Q#29 Clients by Race (Unknown/ unreported) must be greater than or equal to Q#58 HIV Exposure Category by Gender by Race (Unknown/ unreported)</i>
5.	Q#67, Q#29	<i>Q#29 Clients By Race (Unknown/ unreported) must be greater than or equal to Q#67 Race by HIV Status by Age (Unknown/ unreported)</i>

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To fix an error, please click a link (*in italics*) to a question above. For more help on validation error, click **Validation Help**.

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SECTION 3. SERVICE INFORMATION

Service providers from **all Titles** should complete this section. If you provided a particular service, check the box in column 2 and list the number of clients and the total number of visits for the appropriate service categories. If you provided a particular service but do not know the number of clients or visits during the reporting period, check the unknown box.

35. Services provided, number of clients served, and total number of visits during this reporting period:

	(1) Service Categories	(2) Check if service was provided	(3a) Total # of unduplicated clients		(3b) Check if # of clients unknown	(4a) Total # of visits during reporting period		(4b) Check if # of visits unknown
			HIV+	Affected		HIV+	Affected	
a.	Ambulatory/outpatient medical care	<input checked="" type="checkbox"/>	325		<input type="checkbox"/>	1492		<input type="checkbox"/>
b.	Mental health services	<input checked="" type="checkbox"/>	92		<input type="checkbox"/>			<input checked="" type="checkbox"/>
c.	Oral health care	<input checked="" type="checkbox"/>	12		<input type="checkbox"/>	29		<input type="checkbox"/>
d.	Substance abuse services-outpatient	<input checked="" type="checkbox"/>	19		<input type="checkbox"/>			<input checked="" type="checkbox"/>
e.	Substance abuse services-residential	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
f.	Rehabilitation services	<input checked="" type="checkbox"/>	24		<input type="checkbox"/>	65		<input type="checkbox"/>
g.	Home health: para-professional care	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
h.	Home health: professional care	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
i.	Home health: specialized care	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
j.	Case management services	<input checked="" type="checkbox"/>	325	60	<input type="checkbox"/>	971	132	<input type="checkbox"/>
k.	Buddy/companion service	<input checked="" type="checkbox"/>	0	0	<input type="checkbox"/>			
l.	Child care services	<input type="checkbox"/>			<input type="checkbox"/>			
m.	Child welfare services	<input type="checkbox"/>			<input type="checkbox"/>			
n.	Client advocacy	<input type="checkbox"/>			<input type="checkbox"/>			
o.	Day or respite care for adults	<input type="checkbox"/>			<input type="checkbox"/>			
p.	Developmental assessment/early intervention services	<input checked="" type="checkbox"/>	22	16	<input type="checkbox"/>			
q.	Early intervention services for Titles I and II	<input type="checkbox"/>			<input type="checkbox"/>			
r.	Emergency financial assistance	<input checked="" type="checkbox"/>	47	9	<input type="checkbox"/>			
s.	Food bank/home-delivered meals	<input checked="" type="checkbox"/>	29		<input type="checkbox"/>			
t.	Health education/risk reduction	<input type="checkbox"/>			<input type="checkbox"/>			
u.	Housing services	<input type="checkbox"/>			<input type="checkbox"/>			
v.	Legal services	<input type="checkbox"/>			<input type="checkbox"/>			
w.	Nutritional counseling	<input checked="" type="checkbox"/>	14	5	<input type="checkbox"/>			
x.	Outreach services	<input checked="" type="checkbox"/>		32	<input type="checkbox"/>			
y.	Permanency planning	<input type="checkbox"/>			<input type="checkbox"/>			
z.	Psychosocial support services	<input checked="" type="checkbox"/>		37	<input type="checkbox"/>			
aa.	Referral for health care/supportive services	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			
ab.	Referrals to clinical research	<input type="checkbox"/>			<input type="checkbox"/>			
ac.	Residential or in-home hospice care	<input type="checkbox"/>			<input type="checkbox"/>			
ad.	Transportation services	<input type="checkbox"/>			<input type="checkbox"/>			
ae.	Treatment adherence counseling	<input type="checkbox"/>			<input type="checkbox"/>			
af.	Other services	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			

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SECTION 4. HIV COUNSELING AND TESTING

Title I, II, III, and IV grantees/service providers who selected the eligible reporting scope (01), and provide HIV-antibody counseling and testing, must report on all items in Section 4. Those who selected the funded reporting scope (02), and provide HIV-antibody counseling and testing, but do not use CARE Act funds, should respond to #36 and #37, then skip to Section 5.

NOTE: Based on Ryan White CARE Act reauthorization, HIV counseling and testing are funded as components of Early Intervention Services for Titles I and II.

Report only on the number of individuals who received HIV counseling and testing during the reporting period. Until these individuals receive at least one of the services listed in Section 3, they are **NOT** considered clients.

36. a. Was HIV counseling and testing provided as part of your program during this reporting period?

☒ Yes (Continue)

☐ No (Skip to Section 5)

36. b. Indicate the total number of infants tested during this reporting period.

24

37. Were Ryan White CARE Act funds used to support HIV counseling and testing services during this reporting period?

☒ Yes (Continue)

☐ No (Skip to Section 5, if you selected scope 02 and do not wish to continue with this section.)

38. How many individuals received HIV pretest counseling during this reporting period?

Number of:

453

Confidential

Anonymous

(if answer to both categories is "0," skip to #43.)

39. Of the individuals who received HIV pretest counseling (#38 above), how many were tested for HIV antibodies during this reporting period?

Number of:

422

Confidential

Anonymous

40. Of the individuals who received pretest counseling and were tested for HIV antibodies (#39 above), how many had a positive test result during this reporting period?

27

41. Of the individuals who received HIV pretest counseling and were tested for HIV antibodies (#39 above), how many received HIV posttest counseling during this reporting period, regardless of test results?

Number of:

417

Confidential

Anonymous

42. Of the individuals who tested POSITIVE (#40 above), how many did NOT return for HIV posttest counseling during this reporting period?

7

43. Did your program offer partner notification services during this reporting period?

☒ Yes (Continue)

☐ No (Skip to Section 5)

44. (If "yes" in #43,) How many at-risk partners were notified during this reporting period:

0

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SECTION 5. MEDICAL INFORMATION

This section should be completed by **all medical service providers** funded through Ryan White CARE Act Titles I, II, III, or IV or by authorized personnel who have access to this information for **CLIENTS WHO ARE HIV POSITIVE ONLY**.

45. Total number of unduplicated clients reporting on in this section by gender:

142	Male
182	Female
1	Transgender
	Unknown/ unreported
325	Total

46. Total number of clients who are HIV positive with each of the listed risk factors for HIV infection:

Persons with more than one reported mode of exposure to HIV are counted in the exposure category listed first in the hierarchy, except for persons with a history of both homosexual/bisexual contact and injection drug use. They are counted in a separate category, i.e., MSM and IDU.

65	Men who have sex with men (MSM)
55	Injection drug user (IDU)
2	Men who have sex with men and injection drug user (MSM and IDU)
2	Hemophilia/coagulation disorder
181	Heterosexual contact
3	Receipt of transfusion of blood, blood components, or tissue
4	Mother with/ at risk for HIV infection (perinatal transmission)
1	Other
12	Undetermined/unknown/risk not reported or identified
325	Total

47. Number of clients who received each of the following at any time during this reporting period:

298	TB skin test (PPD Mantoux)
2	Treatment due to a positive TB skin test
164	Screening/testing for syphilis
3	Treatment for syphilis
96	Screening/testing for any treatable sexually transmitted infection (STI) other than syphilis and HIV
4	Treatment for an STI (other than syphilis and HIV)
183	Screening/testing for hepatitis C
31	Treatment for hepatitis C

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Access Mode: **edit** - Data can be edited by: **admin2107** only - Status: **working****SECTION 6. DEMOGRAPHIC TABLES/TITLE-SPECIFIC DATA FOR TITLES III AND IV**

Part 6.1 should be completed by Title III grantees/service providers. Part 6.2 should be completed by Title IV grantees/service providers. Title I and II grantees should skip to Section 7.

Part 6.1. Title III Information

Part 6.1 should be completed by Title III grantees/service providers only. When reporting on **PATIENTS** in this section, only report on **PATIENTS WHO ARE HIV POSITIVE** who received **PRIMARY HEALTH CARE SERVICES**.

56. Number of patients who are HIV positive during this reporting period by Hispanic or Latino/a ethnicity, gender, and age.

Ethnicity/ Origin	Gender	Under 2 years	2-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
Hispanic or Latino/a	Male	<input type="text"/>	<input type="text" value="4"/>	<input type="text" value="26"/>	<input type="text" value="14"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	45
	Female	<input type="text"/>	<input type="text" value="3"/>	<input type="text" value="37"/>	<input type="text" value="26"/>	<input type="text" value="2"/>	<input type="text"/>	<input type="text"/>	68
	Transgender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Unknown/ unreported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Non-Hispanic or Non-Latino/a	Male	<input type="text"/>	<input type="text" value="3"/>	<input type="text" value="51"/>	<input type="text" value="21"/>	<input type="text" value="4"/>	<input type="text"/>	<input type="text"/>	79
	Female	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="49"/>	<input type="text" value="39"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	91
	Transgender	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1
	Unknown/ unreported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Unknown/ unreported	Male	<input type="text"/>	<input type="text" value="2"/>	<input type="text" value="11"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	18
	Female	<input type="text"/>	<input type="text" value="3"/>	<input type="text" value="6"/>	<input type="text" value="14"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	23
	Transgender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Unknown/ unreported	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total	Male		<input type="text" value="9"/>	<input type="text" value="88"/>	<input type="text" value="40"/>	<input type="text" value="5"/>	<input type="text"/>	<input type="text"/>	142
	Female		<input type="text" value="8"/>	<input type="text" value="92"/>	<input type="text" value="79"/>	<input type="text" value="3"/>	<input type="text"/>	<input type="text"/>	182
	Transgender			<input type="text" value="1"/>					1
	Unknown/ unreported								

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SECTION 6. DEMOGRAPHIC TABLES/TITLE-SPECIFIC DATA FOR TITLES III AND IV (Continued)

Part 6.1. Title III Information (Continued)

59. Number of patients who are HIV positive during this reporting period by HIV exposure category, gender, and age.

HIV Exposure Category	Gender	Under 2 years	2-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
Men who have sex with men (MSM)	Male			43	19	2			64
	Female								
	Transgender			1					1
	Unknown/unreported								
Injection drug user (IDU)	Male		1	13	8				22
	Female		1	17	15				33
	Transgender								
	Unknown/unreported								
MSM and IDU	Male			2					2
	Female								
	Transgender								
	Unknown/unreported								
Hemophilia/coagulation disorder	Male				1				1
	Female				1				1
	Transgender								
	Unknown/unreported								
Heterosexual contact	Male			30	12	1			43
	Female			74	62	2			138
	Transgender								
	Unknown/unreported								
Receipt of transfusion of blood, blood components, or tissue	Male					1			1
	Female			1		1			2
	Transgender								
	Unknown/unreported								
Mother with/ at risk for HIV infection (perinatal transmission)	Male		2						2
	Female		2						2
	Transgender								
	Unknown/unreported								
Other	Male		1						1
	Female								
	Transgender								
	Unknown/unreported								
Total	Male		9	88	40	5			142
	Female		8	92	79	3			182
	Transgender			1					1
	Unknown/unreported								


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SECTION 6. DEMOGRAPHIC TABLES/TITLE-SPECIFIC DATA FOR TITLES III AND IV (Continued)

Part 6.1. Title III Information (Continued)

60. Cost and revenue of primary care* and other programs† during this reporting period:

a. Total Cost of providing service:

\$ 850181 Primary care

\$ 50083 Other program

b. Title III grant funds expended:

\$ 576210 Primary care (excluding pharmaceuticals)

\$ 47390 Other program

\$ 0 Pharmaceuticals

c. Direct collections from patients:

\$ 4122 Primary care

\$ 2693 Other program

d. Reimbursements received from third party payer:

\$ 269849 Primary care

\$ 0 Other program

e. All other sources of income:

\$ 0 Primary care

\$ 0 Other program

*Includes medical, subspecialty care, dental, nutrition, mental health and substance abuse treatment, and pharmacy services; radiology, laboratory and other tests for diagnosis and treatment planning; HIV counseling and testing; and the cost of making and tracking referrals for medical care.

† Includes case management and eligibility assistance, outreach, social work, prevention education and harm reduction. If you are providing a Title III-eligible service, include it, even if it's not being funded under your grant.

61. Were services available through your Early Intervention Services (EIS) program provided at more than one site during this reporting period?

☐ Yes (continue)

☒ No (Skip to #63)

62. (If "yes" to #61,) Number of sites at which EIS services were provided during this reporting period:

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